

Employment Services Registration Update

PERSONAL INFORMATION

Name (First, Middle Initial, Last)		Social Security Number	Birthdate (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		City	State	Zip
Contact Number	Email Address		Do you need an Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what language? _____	
Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Isle <input type="checkbox"/> Native American <input type="checkbox"/> Not Available				
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Alien Registration #: _____ Expiration Date ____/____/____				
Do you have a medical condition/disability that limits your ability to perform specific job duties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				

EDUCATION

Highest Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Some College <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PhD	Secondary School Achievement <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma
List college, dates attended, and major. _____	
List any vocational/technical training. _____	
Current educational status? <input type="checkbox"/> In School <input type="checkbox"/> Not In School	Current employment status? <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed <input type="checkbox"/> Employed (Received Termination Notice) <input type="checkbox"/> Employed (Received Notice of Military Separation)

MILITARY SERVICE

Are you the spouse of a 100% disabled veteran (service-connected), a veteran killed in the line of duty, MIA, or a POW? ☐ Yes ☐ No If yes, which branch? _____

Are you now or have you ever been in the United States Military, Reserves, or National Guard? ☐ Yes ☐ No
If Yes, provide the following:

Branch _____ **Dates:** Entered ____/____/____ Released ____/____/____

Discharge ☐ Released – Honorable ☐ Released – Medical ☐ Released – Other ☐ Released – Dishonorable
☐ Not Released – Retiring ☐ Not Released – Separating ☐ Not Released – Active

Did you earn a Campaign badge, ribbon, or expeditionary medal? ☐ Yes ☐ No

Do you have a service-connected disability? ☐ Yes ☐ No

If yes, what is your VA rating? _____%

LICENSE

Driver's License: ☐ None ☐ Regular ☐ Class B ☐ Class A ☐ Class D

Endorsements: ☐ Hazardous Materials ☐ Tank ☐ Passenger ☐ Doubles/Triples ☐ Hazmat-Tank Combined

Current Professional License/Certifications (i.e., Cosmetology, RN, GA Work Ready, etc.): _____

EMPLOYMENT PREFERENCE

Specific type of work desired (Job Title): _____

Lowest Salary You Will Accept Dollars _____ Cents _____	Pay Unit <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Shifts Available <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Rotating	Work Week <input type="checkbox"/> Any <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Job Duration <input type="checkbox"/> Any <input type="checkbox"/> Temporary Only <input type="checkbox"/> Permanent Only	Public Transportation Needed <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYMENT HISTORY

Employer		City		State	Job Title
Start Date <i>(mm/yy)</i>	End Date <i>(mm/yy)</i>	Rate of Pay		Reason for Leaving	
Skills and Duties:					
Employer		City		State	Job Title
Start Date <i>(mm/yy)</i>	End Date <i>(mm/yy)</i>	Rate of Pay		Reason for Leaving	
Skills and Duties:					
Employer		City		State	Job Title
Start Date <i>(mm/yy)</i>	End Date <i>(mm/yy)</i>	Rate of Pay		Reason for Leaving	
Skills and Duties					
Other Skills: (Computer Hardware/Software, Equipment/Tools Operated, etc.)					



Employment Services Registration Update (Supplemental Employment History)

EMPLOYMENT HISTORY

Name (First, Middle Initial, Last)			Social Security Number		
Employer		City		State	Job Title
Start Date (mm/yy)	End Date (mm/yy)	Rate of Pay		Reason for Leaving	
Skills and Duties:					
Employer		City		State	Job Title
Start Date (mm/yy)	End Date (mm/yy)	Rate of Pay		Reason for Leaving	
Skills and Duties:					
Employer		City		State	Job Title
Start Date (mm/yy)	End Date (mm/yy)	Rate of Pay		Reason for Leaving	
Skills and Duties					

[illegible]